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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/837,112	04/18/2001	Pierre Philip Barrette	12550-31	8998	
33318	7590	06/01/2006	EXAMINER		
DIGEO, INC. 8815 122ND NE KIRKLAND, WA 98033		COBANOGLU, DILEK B			
		ART UNIT		PAPER NUMBER	
		3626			

DATE MAILED: 06/01/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	09/837,112	BARRETTE ET AL.	
	Examiner	Art Unit	
	Dilek B. Cobanoglu	3626	

– The MAILING DATE of this communication appears on the cover sheet with the correspondence address –

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) Responsive to communication(s) filed on 09 March 2006.

2a) This action is **FINAL**. 2b) This action is non-final.

3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) Claim(s) 1-20 and 22-37 is/are pending in the application.
4a) Of the above claim(s) 21 is/are withdrawn from consideration.

5) Claim(s) _____ is/are allowed.

6) Claim(s) 1-20 and 22-37 is/are rejected.

7) Claim(s) _____ is/are objected to.

8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) The specification is objected to by the Examiner.

10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
a) All b) Some * c) None of:
1. Certified copies of the priority documents have been received.
2. Certified copies of the priority documents have been received in Application No. _____.
3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) Notice of References Cited (PTO-892)
2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
Paper No(s)/Mail Date 5/21/2002.

4) Interview Summary (PTO-413)
Paper No(s)/Mail Date. ____ .
5) Notice of Informal Patent Application (PTO-152)
6) Other: ____ .

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment with request for continued examination filed 03/09/2006. Claims 1-20, and 22-37 continue pending. Claim 21 has been cancelled; claims 1, 3, 5, 6-9, 12, 13, 18, 20, 22, 24-26, 28, 29, 34 and 35 have been amended.

Claim Rejections - 35 USC § 102

2. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

3. Claims 1-5 and 25, 27 are rejected under 35 U.S.C. 102(e) as being unpatentable by Quy (U.S. Patent No. 6,602,191 B2).

A. As per claim 1, Quy discloses a hand-held mobile field device configured to directly and wirelessly communicate with a plurality of patient medical monitoring devices and directly receive patient monitored medical data therefrom (Quy; col. 2, lines 42-49 and col. 3, lines 31-39, 47-54).

B. As per claim 2, Quy discloses the mobile field device of claim 1 further comprising an accessory interface (Quy; col. 3, lines 47-67).

C. As per claim 3, Quy discloses the mobile field device of claim 2 wherein the accessory interface is configured to provide direct wireless communication between the mobile field device and fixed inpatient room diagnostic units and continuous monitoring systems in patient rooms (Quy; col. 3, lines 47-67 and Fig. 2).

D. As per claim 4, Quy discloses a mobile field device in accordance with claim 1 further configured to provide patient medical diagnoses, personal digital assistant functionality, and net research and access (Quy; col. 2, lines 42-49, col. 3, lines 47-54 and col. 4, lines 31-52).

E. As per claim 5, Quy discloses a network including at least one mobile field device configured to directly and wirelessly communicate with a plurality of patient medical monitoring devices, the network being configured to aggregate and to make available to the mobile field unit, a combination of manual, automated, fixed continuous and mobile patient monitoring and assessments (Quy; abstract, col. 1, lines 23-29, col. 2, lines 42-49, and col. 3, lines 31-39).

F. As per claim 25, Quy discloses a method for communicating medical data comprising communicating medical data directly and wirelessly to a hand-held mobile field unit from a plurality of patient medical monitoring devices, and communicating the patient monitored medical data received ((from)) by the hand-held mobile field unit to a medical database via a secure network (Quy; col. 2, lines 42-49, col. 3, lines 31-39, and lines 47-54 and col. 9, line 66 to col. 10, line 10).

G. As per claim 27, Quy discloses a method in accordance with claim 25 further comprising aggregating, and making available to the mobile field unit, a combination of manual, automated, fixed continuous and mobile patient monitoring and assessments (Quy; col. 2, lines 55-65).

4. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

5. Claims 35-36 are rejected under 35 U.S.C. 102(b) as being unpatentable by Clark et al. (hereinafter Clark) (U.S. Patent No. 5,974,389).

A. As per claim 35, Clark discloses a method for controlling access to a medical database comprising:

- i. defining an access protocol for entities accessing patient data, including at least a first entity having initial access to the patient data (Clark; col. 2, lines 42-48, and col. 6., line 19 to col. 7, line 14);
- ii. permitting access to the patient data by the at least first entity (Clark; col. 3, lines 1-6);
- iii. conditioning each further access to the patient data by additional entities upon prior access by at least one predetermined prior entity (Clark; col. 2, lines 49-57).

B. As per claim 36, Clark discloses a method in accordance with claim 35 further comprising conditioning at least one of the further accesses to the patient data

upon prior access by a plurality of predetermined prior entities whose accesses are not dependent upon each other's access (Clark; col. 5, lines 35-52).

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 6, 7, 9, 10, 28 and 29 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) in view of Kambhatla et al. (hereinafter Kambhatla) (U.S. Patent No. 6,238,337 B1).

A. As per claim 6 and 28, Quy discloses a network including at least one mobile field device configured to directly and wirelessly communicate with a plurality of patient medical monitoring devices (Quy; col. 2, lines 42-49, col. 3, lines 47), ((and)) wherein the network is electronically connected to one or more databases to communicate data to and from the mobile field device and the one or more databases (Quy; col. 9, line 66 to col. 10, line 10)

Quy fails to expressly teach the database maintained by a hospital, per se, since it appears that Quy is more directed to database on a server and an external data source (Quy; col. 9, line 66 to col. 10, line 10). However, this feature is well known in the art, as evidenced by Kambhatla.

In particular, Kambhatla discloses a database maintained by a hospital or medical center (Kambhatla; col. 1, lines 52-67 and Fig. 1a).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Kambhatla with the motivation of medical centers receive information from individuals and forward special warnings (Kambhatla; col. 5, lines 40-48).

B. As per claim 7, Quy discloses a network in accordance with claim 6 further comprising at least one electronic medical library database that includes reference materials including textbooks, reference materials, periodicals, and medical research, wherein the mobile field device is configured to access and display the reference materials (Quy; col. 8, lines 9-28).

C. As per claim 9, Quy discloses a network in accordance with claim 6 in which a plurality of mobile field devices are ((used)) configured for use by health care consumers to electronically access medical information, drug information, and for self-monitoring as prescribed by a physician (Quy; col. 2, lines 55-67).

D. As per claim 10, Quy discloses a network in accordance with claim 6 wherein the databases utilize a plurality of formats and protocols, and wherein security of communication is provided by format-dependent encryption algorithms (Quy; abstract and col. 6, lines 4-18).

E. As per claim 28, Quy discloses a method in accordance with claim 25.

The obviousness of modifying the teaching of Quy to include sending data to a hospital or medical center (as taught by Kambhatla) is as addressed above in the rejection of claim 6 and incorporated herein.

B. As per claim 29, Quy discloses a method in accordance with claim 28 further comprising transmitting encrypted data from the databases to the mobile field unit (Quy; col. 9, line 66 to col. 10, lines 10 and col. 6, lines 4-18).

7. Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) and Kambhatla et al. (hereinafter Kambhatla) (U.S. Patent No. 6,238,337 B1) in further as applied to claim 6 above, and further in view of Norris et al (hereinafter Norris) (U.S. Patent Publication No. 2002/0026103 A1).

A. As per claim 8, Quy discloses a network in accordance with claim 6.

Quy fails to expressly teach the links of medical, nursing, residents, fellows, and administrative students with a school's intellectual property materials, general medical references, and periodicals, *per se*, since it appears that Quy is more directed to external data source which has online access of health information from external web sites, ftp servers, or other sources (Quy; col. 8, lines 15-27 and lines 32-39). However, this feature is well known in the art, as evidenced by Norris.

In particular, Norris discloses a network configured to links of medical, nursing, residents, fellows, and administrative students with a school's intellectual property materials, general medical references, and periodicals (Norris; par. 0065-0066).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Norris with the motivation of developing unique and new understanding regarding disease in general as well as the individual status of patients (Norris; par. 0066).

8. Claim 11 and 30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) and Kambhatla et al. (hereinafter Kambhatla) (U.S. Patent No. 6,238,337 B1) as applied to claim 6 above, and further in view of Wolff et al. (hereinafter Wolff) (U.S. Patent No. 5,671,282).

A. As per claim 11 and 30, Quy discloses a network in accordance with claim 6 and claim 25 configured to consolidate input by physicians, nurses, medical research/clinical personnel, and general medical staff (Quy; abstract, col. 8, lines 47-62),

Quy fails to expressly teach configuring the consolidated input to a member of the group consisting of administrative information databases, patient account records, insurance companies, health care information databases, and combinations thereof, per se, since it appears that Quy is more directed to external data source, which stores health data such as patient's prior medical or health history (Quy; col. 8, lines 15-27).

However, this feature is well known in the art, as evidenced by Wolff. In particular, Wolff discloses sending the consolidated input to a member of the group consisting of administrative information databases, patient

account records, insurance companies, health care information databases, and combinations thereof (Wolff; col. 6, lines 52-55 and Fig. 3).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Norris with the motivation of verifying the insurance and billing information for the patient (Wolff; col. 7, lines 52-54).

The obviousness of modifying the teaching of Quy to include sending data to a hospital or medical center (as taught by Kambhatla) is as addressed above in the rejection of claim 6 and incorporated herein.

9. Claims 12 and 16 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) in view of De La Huerga (U.S. Patent No. 6,255,951 B1).

A. As per claim 12, Quy discloses a network including at least one mobile field device configured to provide communication with a plurality of patient medical monitoring devices (Quy; col. 2, lines 42-49), the network further comprising a central repository containing medical information and a plurality of subsystem databases linked to the central repository via at least one of encryption software ((and)) or secure hardware that tags transmissions and retrievals (Quy; abstract and col. 8, lines 16-28).

Quy fails to expressly teach the network being configured to communicatively link to wearable bracelets, each of which contain a

microchip capable pf being sensed electronically for identifying and tracking the location of individuals wearing the bracelets, per se, since it appears that Quy is more directed to a health monitoring device, in particular a medical device (Quy; col. 2, lines 55-59). However, this feature is well known in the art, as evidenced by De La Huerga. In particular, De La Huerga discloses a network being configured to communicatively link to wearable bracelets, each of which contain a microchip capable pf being sensed electronically for identifying and tracking the location of individuals wearing the bracelets (De La Huerga; col. 5, lines 62-66, col. 6, lines 16-21, col. 7, lines 33-37 col. 8, lines 28-40 and Fig. 1-3).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by De La Huerga with the motivation of providing an identification mechanism which can provide a large amount of information about a patient (De La Huerga; col. 6, lines 16-21).

B. As per claim 16, Quy discloses a network in accordance with claim 12 configured to provide secure patient information electronically on at least one of a local area network (LAN) and a mobile wireless network (Quy; abstract and col. 1, lines 23-29).

9. Claim 13 and 31 rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) and De La Huerga (U.S. Patent No. 6,255,951 B1)

as applied to claim 12 above, and further in view of Wolff et al. (hereinafter Wolff) (U.S. Patent No. 5,671,282).

A. As per claim 13 and 31, Quy and De La Huerga disclose a network in accordance with claim 12.

Quy and De La Huerga fail to expressly teach the payment flow information is linked between diagnostic related groups' patient hospital charges and third party insurance providers, *per se*, since it appears that Quy is more directed to a health monitoring device, in particular a medical device (Quy; col. 2, lines 55-59) and De La Huerga is more directed to wearable bracelets. However, this feature is well known in the art, as evidenced by Wolff.

In particular, Wolff discloses a payment flow information, which is linking between diagnostic related groups' patient hospital charges and third party insurance providers (Wolff; col. 6, lines 52-61, col. 7, lines 52-54 and Fig. 3).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Wolff with the motivation of verifying the insurance and billing information for the patient (Wolff; col. 6, lines 52-55 and col. 7, lines 52-54).

10. Claims 14-15 and 32-33 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2), De La Huerga (U.S. Patent No.

6,255,951 B1) and Wolff et al. (hereinafter Wolff) (U.S. Patent No. 5,671,282) as applied to claim 13 above, and further in view of Maes et al. (hereinafter Maes) (U.S. Patent No. 6,016,476).

A. As per claims 14-15 and 32-33, Quy, De La Huerga and Wolff disclose a network in accordance with claim 13, and 31.

Quy, De La Huerga and Wolff fail to expressly teach the biometric security and fingerprint recognition, *per se*, since it appears that Quy is more directed to a health monitoring device, in particular a medical device (Quy; col. 2, lines 55-59) and De La Huerga is more directed to wearable bracelets (abstract) and Wolff is more directed to document verification and tracking (abstract). However, this feature is well known in the art, as evidenced by Maes.

In particular, Maes discloses a security, which is provided biometrically and fingerprint recognition (col. 5, lines 54-67).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Maes with the motivation of providing user verification (Maes; col. 5, lines 60-63).

11. Claim 17 and 34 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2), and De La Huerga (U.S. Patent No. 6,255,951 B1) as applied to claim 12 above, and further in view of Aghili et al. (hereinafter Aghili) (U.S. Patent No. 6,289,316 B1).

A. As per claim 17 and 34, Quy and De La Huerga disclose a network in accordance with claim 16 and 25 configured to disseminate medical research to selected individuals (Quy; col. 8, lines 16-28).

Quy and De La Huerga fail to expressly teach the pathology results, per se, since it appears that Quy is more directed to external data source, which includes any data that may benefit the health of a subject or patient (Quy; col. 8, lines 16-28) and De La Huerga is more directed to wearable bracelets (abstract) and Wolff is more directed to document verification and tracking (abstract). However, this feature is well known in the art, as evidenced by Aghili.

In particular, Aghili discloses a clinical pathology result (col. 3, lines 46-49).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Aghili with the motivation of to put together a more complete picture of the patient's condition and to make the historical, data-centered view of the chart (Aghili; col. 5, lines 60-63).

12. Claims 18-19 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) in view of Wolff et al. (hereinafter Wolff) (U.S. Patent No. 5,671,282).

A. As per claim 18 and 19, Quy discloses a network including at least one mobile field device configured to provide communication with a plurality of patient

medical monitoring devices, secure patient documentation and health assessment data, wherein the at least one mobile field device comprises hardware device drivers installed thereon to communicate directly with the plurality of patient medical monitoring devices. (Quy; abstract and col.1, lines 23-29),

Quy fails to expressly teach the network configured to link a prescription drug order processing system with prescription data or pharmaceutical companies, retailers, wholesalers, *per se*, since it appears that Quy is more directed to a health monitoring system which wirelessly connects to a back-end server application via the internet (Quy; col. 2, lines 42-49).

However, this feature is well known in the art, as evidenced by Wolff. In particular, Wolff discloses the network configured to link a prescription drug order processing system with prescription data and pharmaceutical companies, retailers, wholesalers (col. 1, line 65 to col. 2, line 5, lines 16-21, lines 66-67, col. 7, lines 21-43 and Fig. 3).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Wolff with the motivation of confirming prescription by a pharmacy (Wolff; col. 7, lines 21-43).

13. Claims 20, 22-24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) in view of Clark et al. (hereinafter Clark) (U.S. Patent No. 5,974,389).

A. As per claim 20, Quy discloses a network comprising:

- i. a medical database (Quy; col. 9, line 66 to col. 10, line 10);
- ii. a secure medical database monitoring system communicatively coupled to the medical database (Quy; col. 9, line 66 to col. 10, line 10); and
- iii. a first data monitoring manager communicatively coupled to the secure medical database monitoring system (Quy; col. 9, line 66 to col. 10, line 10);

Quy fails to expressly teach controlled electronic access to the medical database by a plurality of entities in accordance with a specification provided by an authorized user, *per se*, since it appears that Quy is more directed to a database, that a diabetic or patient keep on a server and keep history in data and get recommendations (Quy; col. 9, line 66 to col. 10, line 10).

However, this feature is well known in the art, as evidenced by Clark.

In particular, Clark discloses controlled electronic access to the medical database by a plurality of entities in accordance with a specification provided by an authorized user and sequentially control said electronic access with respect to a patient's data so that at least a first predetermined entity must access the patient's

data before a second predetermined entity is permitted access (col. 2, lines 42-57).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Clark with the motivation of patient having a particular sensitivity to privacy and caregiver having authorization to review particular portions of the patient's record (Clark; col. 7, lines 43-46).

B. As per claim 22 and 24, Quy discloses a network in accordance with claim 20

Quy fails to expressly teach each accessing entity has only a predetermined, limited access to preselected portions of ((a)) the patient's data, the preselected portions varying dependent upon the accessing entity and condition access to a portion of the patient's data upon prior access by more than one different entity, per se, since it appears that Quy is more directed to a database, that a diabetic or patient keep on a server and keep history in data and get recommendations (Quy; col. 9, line 66 to col. 10, line 10).

However, this feature is well known in the art, as evidenced by Clark.

In particular, Clark discloses selectively control portions of ((a)) the patient's data, so that each accessing entity has only a predetermined, limited access to preselected portions of ((a)) the patient's data, the preselected portions varying dependent upon the

accessing entity and condition access to a portion of the patient's data upon prior access by more than one different entity (Clark; col. 7, lines 43-46).

The obviousness of modifying the teaching of Quy to include the accessing entity has limited access to preselected portions (as taught by Clark) is as addressed above in the rejection of claim 20 and incorporated herein.

C. As per claim 23, Quy discloses a network in accordance with claim 22

Quy fails to expressly teach plurality of threads of accessing entity sequences, *per se*, since it appears that Quy is more directed to a database, that a diabetic or patient keep on a server and keep history in data and get recommendations (Quy; col. 9, line 66 to col. 10, line 10). However, this feature is well known in the art, as evidenced by Clark.

In particular, Clark discloses plurality of threads of accessing entity sequences (Clark; col. 7, lines 43-46).

The obviousness of modifying the teaching of Quy to include the accessing entity has limited access to preselected portions (as taught by Clark) is as addressed above in the rejection of claim 20 and incorporated herein.

14. Claim 26 is rejected under 35 U.S.C. 103(a) as being unpatentable over Quy (U.S. Patent No. 6,602,191 B2) in view of Ballantyne et al. (hereinafter Ballantyne) (U.S. Patent No. 5,867,821).

A. As per claim 26, Quy discloses a method in accordance with claim 25.

Quy fails to expressly teach directly and wirelessly communicating between the mobile field unit and fixed inpatient room diagnostic units and continuous monitoring systems in patient rooms, per se, since it appears that Quy is more directed to a health monitoring system and access to and from a wide variety of medical and health related instruments and devices (Quy; col. 2, lines 42-49 and Fig.4). However, this feature is well known in the art, as evidenced by Ballantyne.

In particular, Ballantyne discloses directly and wirelessly communicating between the mobile field unit and fixed inpatient room diagnostic units and continuous monitoring systems in patient rooms (abstract, col. 9, lines 3-15, col. 10, lines 18-27 and Fig.4). It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Ballantyne with the motivation of modifying patient's record (Ballantyne; col. 10, lines 18-27).

15. Claim 37 is rejected under 35 U.S.C. 103(a) as being unpatentable over Clark et al. (hereinafter Clark) (U.S. Patent No. 5,974,389) in view of Maes et al. (hereinafter Maes) (U.S. Patent No. 6,016,476).

A. As per claim 37, Clark discloses a method in accordance with claim 35

Clark fails to expressly teach the biometric security, per se, since it appears that Clark is more directed to a medical record management system which selectively permits first and second caregivers access to patient record database (Clark; col. 3, lines 1-6). However, this feature is well known in the art, as evidenced by Maes.

In particular, Maes discloses a biometric security (col. 5, lines 54-67). It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Maes with the motivation of providing user verification (Maes; col. 5, lines 60-63).

Conclusion

16. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not used prior art teach "Transdermal delivery apparatus" 5,980,934 A, "Method and apparatus for health and disease management combining patient data monitoring with wireless internet connectivity" 2001/0047125, "System and method for a dynamic professional syllabus" 2002/0018066, "Medical device systems implemented network scheme for remote patient management" 2002/0082480, "Implantable medical device telemetry control systems and methods of

use" 2002/0099424, "Implantable medical device telemetry control systems and methods of use" 6,480,744 B2, "Implantable medical device programmers having headset video and methods of using same" 6,442,430 B1.

17. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

18. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

19. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).


DBC
Art Unit 3626
05/18/2006


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER